

Databank #

Enclosure

A. CERTIFICATION

State law requires certification by the owner or officially authorized representative.(Please type or print all information except signature.)

Name of apartment _____

Property address _____

Type of project or building (garden, garden-townhouse, mid-rise, high rise) _____

Owner(s) name(s) _____

All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete. Contact person _____

Management firm _____ Phone _____

Address _____

Date _____ Signature _____ Title _____

Print name _____

The Income and Expense information must be placed on this form. No alternative forms may be used. A detailed set of instructions is part of this survey. These instructions are provided to assist you in completing the form. If you should have any questions or need assistance please call our office at 703.838.4646.

B. ANNUAL INCOME**TOTALS****1. Potential Rental Income:**

01 Market rent as of January 1, 2005, assuming 100% occupancy _____

2. Vacancy and Collection Loss (Calendar Year 2005):

02 Income loss due to vacancy _____

03 Income loss due to concessions _____

04 Income loss due to collection loss _____

05 **Total Vacancy and Collection Loss (Sum of lines 02 through 04)** _____

3. Actual Gross Income (Calendar Year 2005):

06 **Actual apartment rental income received** _____

4. Other Income (Calendar Year 2005):

07 Excess rent attributable to corporate suites _____

08 Laundry income (Contract? Owner managed?) _____

09 Utility reimbursements _____

10 Interest income _____

11 Insurance reimbursements _____

12 Garage/Parking rents _____

13 Commercial tenant rents _____

14 Furniture rental income _____

15 Clubhouse rental _____

16 Special fees _____

17 HUD mortgage interest subsidy reimbursements _____

(Specify: _____)

18 Concessions/Vending machine income _____

19 Miscellaneous /Antenna Income (Specify: _____) _____

20 **Total Other Income (Sum of lines 07 through 19)** _____

TOTAL ACTUAL INCOME (Line 06 plus Line 20) _____

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C. CAPITAL IMPROVEMENTS, RENOVATIONS

Has the property had Capital Improvements or Capital Renovations during the reporting period?

☐ Yes ☐ No

If yes, please provide total cost here and attach a detailed list of improvements on separate page.

Total Capital Cost _____

Do you fund a reserve for future capital improvements?

☐ Yes ☐ No

If yes, what is the annual amount? _____

D. ANNUAL OPERATING EXPENSES (Calendar Year 2005)**TOTALS****1. Utilities:**

21 Water and sewer _____

22 Electricity-excludes HVAC _____

Electricity-includes HVAC _____

23 Primary heating fuel (Specify: _____) . _____

24 Other fuel (Specify: _____) _____

TOTAL UTILITIES (Lines 21 through 24)..... _____

2. Maintenance and Repair:

25 Maintenance payroll (including payroll taxes and benefits)... _____

26 Maintenance supplies _____

27 HVAC repairs _____

28 Elec./Plumbing repairs _____

29 Elevator repairs _____

30 Roof repairs _____

31 Pool repairs _____

32 Other common area or exterior repairs _____

33 Typical redecorating costs (i.e., painting, carpet, etc.) _____

34 Other (Specify: _____) _____

TOTAL MAINTENANCE AND REPAIR (Lines 25 through 34)..... _____

3. Administrative

35 Management fees _____

36 Administrative/payroll (including payroll taxes and benefits) _____

37 All other administrative costs _____

38 Corporate Suite expense _____

TOTAL ADMINISTRATIVE (Lines 35 through 38)..... _____

4. Services

39 Janitorial/Cleaning _____

40 Landscape (grounds maintenance) _____

41 Trash service _____

42 Security/Pool service _____

43 Snow removal _____

TOTAL SERVICES (Lines 39 through 43)..... _____

5. Insurance and Taxes (do not include payroll taxes)

44 Fire, Casualty insurance _____

45 Other taxes, fees (include occupancy tax) _____

46 Real Estate taxes _____

TOTAL INSURANCE AND TAXES (Lines 44 through 46)..... _____

6. TOTAL OPERATING EXPENSES BEFORE REPLACEMENT RESERVES

47 Total Expenses (Sum of lines 21 through 46) _____

7. Replacement Reserves (2005) _____

E. NET OPERATING INCOME (Calendar Year 2005)

(Income less Operating Expenses less Replacement Reserves)..... _____

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F. VACANCY INFORMATION

1. What was the vacancy for this project on January 1 of the current year?

_____ units or _____% of total units

2. What was the average vacancy over the past year?

_____ units or _____% of total units

3. What is the typical length of the initial lease? _____ months

4. Rent concessions being offered as of January of the current year:

Unit type _____ Amt./Mo. _____ Total _____

Unit type _____ Amt./Mo. _____ Total _____

G. SUBSIDIZED HOUSING INFORMATION

1. Is this property a participant in one of the HUD or other low income housing programs?

☐ Yes ☐ No

☐ 221-D-3 ☐ 221-D-4 ☐ 236 ☐ Section 8 - Project-based program _____

☐ Other ☐ ADU Program Tenant-based assistance _____

If subsidized, please specify number and type of units in Rent Mix Information Section I and include interest subsidy in income Section B, line 18.

H. DEBT SERVICE INFORMATION (within last 5 years)

	Loan Amount	Loan Date	Term	Int. Rate (%)	Payment (P&I)	Payment Frequency Mo. or Yr.
1.						
2.						
3.						
4.						

Has there been a professional appraisal on this real property in the last five years? ☐ Yes ☐ No

If yes, appraiser's estimate of value \$ _____ Date of value _____

I. COST INFORMATION (applicable if property was built within last 5 years)

Estimated total development costs (includes all direct or "hard" costs plus all indirect or "soft" costs, including marketing costs, leasing commissions, etc., to achieve initial stabilized occupancy)\$ _____

Purchase price of land\$ _____

TOTAL COSTS\$ _____

NOTE: A detailed construction cost breakout report may be substituted in lieu of the above information.

J. SALES INFORMATION

Date Acquired _____ Price _____

Date Sold _____

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